

**Fee-for-Service Concurrent, Prospective, and Continued Stay Prior Authorization Requests
January 1, 2025 - December 31, 2025**

Description	Total Number of Requests	Numerator	Percentage	Notes
The percentage of standard prior authorization requests that were Approved	60,252	52,480	87.10%	Percentage Approved includes those requests with an outcome of Approved or Auto Approved.
The percentage of standard prior authorization requests that were Denied	60,252	6,119	10.16%	Percentage Denied includes those requests with an outcome of Denied or Technical Denial.
The percentage of standard prior authorization requests that were Partially Denied	60,252	1,653	2.74%	Percentage Partially Denied includes those requests with an outcome of Partial Denial.
The percentage of requests Approved within 7 days	60,252	48,364	80.27%	The percentage of requests Approved within 7 days.
The percentage of requests Denied within 7 days	60,252	2,542	4.22%	Percentage Denied includes those requests with an outcome of Denied or Technical Denial within 7 days.
The percentage of requests Partially Denied within 7 days	60,252	1,464	2.43%	Percentage Partially Denied includes those requests with an outcome of Partial Denial within 7 days.
The percentage of prior authorization requests that were Approved after Appeal	991	720	72.65%	An Appeal is defined as a request with a type of Appeal as 1st or 2nd.
The percentage of prior authorization requests that were Denied after Appeal	991	221	22.30%	Percentage Denied includes those requests with an outcome of Denied or Technical Denial.
The percentage of prior authorization requests that were Partially Denied after Appeal	991	50	5.05%	Percentage Partially Denied includes those requests with an outcome of Partial Denial.

Expedited (urgent) Prior Authorization Requests

Description	Total Number of Requests	Numerator	Percentage	Notes
The percentage of expedited prior authorization requests that were Approved	39	32	82.05%	Percentage Approved includes those requests with an outcome of Approved or Auto Approved.
The percentage of expedited prior authorization requests that were Denied	39	6	15.38%	Percentage Denied includes those requests with an outcome of Denied or Technical Denial.
The percentage of expedited prior authorization requests that were Partially Denied	39	1	2.56%	Percentage Partially Denied includes those requests with an outcome of Partial Denial.
The percentage of requests Approved within 72 hours	39	24	61.54%	The percentage of requests Approved within 72 hours.
The percentage of requests Denied within 72 hours	39	0	0.00%	Percentage Denied includes those requests with an outcome of Denied or Technical Denial within 72 Hours.
The percentage of requests Partially Denied within 72 hours	39	0	0.00%	Percentage Partially Denied includes those requests with an outcome of Partial Denial within 72 Hours.
The percentage of prior authorization requests that were Approved after Appeal	2	2	100.00%	An Appeal is defined as a request with a type of Appeal as 1st or 2nd.
The percentage of prior authorization requests that were Denied after Appeal	2	0	0.00%	Percentage Denied includes those requests with an outcome of Denied or Technical Denial.
The percentage of prior authorization requests that were Partially Denied after Appeal	2	0	0.00%	Percentage Denied includes those requests with an outcome of Partial Denial.

Description	Total Number of Requests	Average	Median	
The average and median time (days) that elapsed between the submission of a request and a determination by the payer, plan or health insurance issuer, for standard prior authorization. If additional information was requested, the time in which the case was pending information is included in the calculation.	60,252	3.131315	1	
The average and median time (hours) that elapsed between the submission of a request and a determination by the payer, plan or health insurance issuer, for expedited prior authorizations. If additional information was requested, the time in which the case was pending information is included in the calculation.	39	110.25641	27	
The average and median time (days) that elapsed between the submission of a request and a determination by the payer, plan or health insurance issuer, for standard prior authorization. If additional information was requested, the calculation starts from the time the additional information was received to the time the request was marked complete.	60,252	1.359207	0	
The average and median time (hours) that elapsed between the submission of a request and a determination by the payer, plan or health insurance issuer, for expedited prior authorizations. If additional information was requested, the calculation starts from the time the additional information was received to the time the request was marked complete.	39	42.666666	18	

The Division of Medicaid (DOM) contracts with Telligen as the Utilization Management and Quality Improvement Organization (UM/QIO) vendor performing authorization reviews for fee-for-service (FFS) Medicaid recipients. Visit Telligen's Mississippi UM/QIO website <https://msmedicaid.telligen.com>